

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/08/2013
FORM APPROVED
OMB NO. 0938-0391

454 9/21/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445474	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/06/2013
NAME OF PROVIDER OR SUPPLIER HERMITAGE HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1633 HILLVIEW DRIVE ELIZABETHTON, TN 37643		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 045 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure exits and outside egress paths were provided with egress lighting (must be on emergency power).</p> <p>The findings include: Observation and interview with the Maintenance Director, on August 5, 2013 at 10:45 a.m. confirmed the outside lights at the following locations: 1) The front sidewalk, 2) Sunroom exit, 3) Rear physical therapy exit sidewalk to the parking lot These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 5, 2013.</p>	K 045	<p>K045</p> <p>1. A double bulb lighting fixture was installed by the Maintenance Supervisor at the following locations on August 6, 2013:</p> <ol style="list-style-type: none"> 1. The front sidewalk, 2. Sunroom Exit, 3. Rear physical therapy exit sidewalk to the parking lot <p>The three exterior lighting devices will be connected to emergency generator power by the Maintenance Supervisor by August 23, 2013.</p> <p>2. All exterior lighting devices were checked by the Maintenance Supervisor on August 5, 2013. No other lighting devices were found to be affected.</p> <p>3. The Maintenance Supervisor and the Maintenance Assistant were in-serviced on August 5, 2013, by the Administrator on exterior lighting device requirements.</p> <p>4. All exterior lighting devices for the facility will be audited to ensure proper functioning daily X 1 week, weekly X 3 weeks, and then monthly thereafter. Results obtained will be reported to the Quality Assurance/Performance Improvement Committee. The Quality Assurance/Performance Improvement Committee consists of the Administrator, the Director of Nursing, Minimum Data Set Coordinator, Rehabilitation Manager, Medical Director, Social Services Director, Environmental Services Director, Dietary Manager, and the Activities Director.</p>	08/23/2013	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jeannie Barker

Administrator

8/10/2013

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.